

AAP Private Payer Advocacy Update

December 2008

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AAP working to reduce barriers to combination vaccine use

<http://aapnews.aappublications.org/cgi/content/full/29/12/22-a>

Changes to CPT codes outlined

<http://aapnews.aappublications.org/cgi/content/full/29/12/1>

Answers to questions on immunization administration coding

<http://aapnews.aappublications.org/cgi/content/full/29/12/22>

1. AAP meets with TRICARE AAP President David T. Tayloe, Jr. MD. FAAP, met with Major General Elder Granger, Deputy Director and Program Executive Officer of TRICARE. Although it was the first such meeting between the AAP and TRICARE at this level, several issues were discussed including: TRICARE payment rates, immunization payment, preventive services, autism and claims and clinical databases. After being informed of low payment rates in TRICARE, Major General Granger stated that he would look further into the payment concerns and expressed support that TRICARE pay fairly for vaccine products. He also encouraged Academy members to negotiate for better rates with the appropriate managed care contractors. The AAP is following up with Major General Granger to provide additional information on vaccine pricing.

2. AAP objects to Xerox policy of reduced copays for RBCs The AAP sent a letter to the Xerox Corporation objecting to its benefits policy of a reduced co-payment for members use of retail based clinics (RBC). The letter calls for Xerox to support the medical home by not creating incentives to use care models that are disruptive to the medical home. The AAP has developed resources for chapters and practices to access in dealing with RBCs. These may be found on the AAP Practice Management Online (PMO) at: <http://practice.aap.org/> and enter search term: retail based clinics

3. Hassle Factor Form revised to gather data on RBCs The Hassle Factor Form has just been modified to include a section that allows members to submit concerns regarding retail based clinics (RBC), similar to the way the form is used for members to report payer issues. Reporting payer and RBC issues will identify topics for the AAP and chapters to address with payers and other key stakeholders. Members are encouraged to submit concerns online at <http://www.aap.org/moc/reimburse/hasslefactor/> (requires member login)

4. Business Case on Pricing Vaccines and Immunization Administration Updated to Reflect 2009 RVUs

The Business Case for Pricing Vaccines and Immunization Administration was updated to reflect the 2009 revisions to the Medicare RBRVS relative value units (RVUs) for immunization administration CPT codes. Through the efforts of the AAP Committee on Coding and Nomenclature (COCN) the Academy was successful in refining the practice expense RVUs for immunization administration. The 2009 relative value units (RVU) will include clinical staff time for vaccine registry input, refrigerator/freezer temperature log monitoring/documentation, and refrigerator/freezer alarm monitoring/documentation. Most private payers base payments on the RVUs utilized by the CMS Medicare Resource Based Relative Value System. The Business Case for Vaccine and Immunization Administration payments can be used in negotiations with carriers on the total direct and indirect costs for immunizations. The document can be accessed on the AAP Member Center, private payer advocacy at: <http://www.aap.org/securemoc/reimburse/BusinessCase.pdf> (requires member log in).

4. AAP objects to influenza immunization as HEDIS measure

In a letter to the National Committee on Quality Assurance (NCQA), the AAP urged NCQA to reconsider its intent to incorporate influenza immunizations as a Healthcare Effectiveness Data Information Set (HEDIS) measure beginning 2010. HEDIS measures are used by carriers as part of quality and pay for performance programs. The letter points out the difficulties for pediatricians to track and report on influenza immunizations, given the multiple potential providers of the vaccine in outside of the physician office. The letter also calls for the measure to protect pediatricians from undue penalties due to circumstances beyond the pediatrician's control, such as vaccine shortages and supply disruptions and vaccine refusal.

6. AAP News articles related to private payer advocacy issues

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Changes to CPT codes outlined
<http://aapnews.aappublications.org/cgi/content/full/29/12/1>
Answers to questions on immunization administration coding
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Have an issue with carriers or Retail Based Clinics?

Complete the AAP Hassle Factor Form on the AAP Member Center at <http://www.aap.org/moc/reimburse/hasslefactor/> (requires member log in).

The AAP and chapters use the data to identify issues and discussion points with payers.

For additional information on AAP private payer advocacy, contact Lou Terranova, Senior Health Policy Analyst at lterranova@aap.org or 800/433-9016 ext 7633

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